

FORM LM-30
**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

May 23 2006
OLMS 10001

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="08496"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="KENNETH"/> <input type="text" value="ANDERSON"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="600 WEST WASHINGTON BLVD."/> City <input type="text" value="CHICAGO"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60661-2940"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="I.B.E.W. LOCAL 134"/> Labor Organization File Number <input type="text" value="035-399"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="600 WEST WASHINGTON BLVD."/> City <input type="text" value="CHICAGO"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60661-2940"/>
5. Position in labor organization. <input type="text" value="BUSINESS AGENT"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

Date

Telephone Number

Name of Person Filing KENNETH ANDERSON	File Number U- 08496
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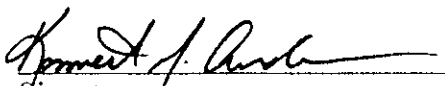
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text" value="BAUER & BAEBLER, P.C."/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text" value="1010 MARKET STREET"/></p> <p>City <input style="width: 90%;" type="text" value="ST. LOUIS"/></p> <p>State <input style="width: 20%;" type="text" value="Missouri"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="63101"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><p>PROVIDES LEGAL SERVICES TO INJURED UNION MEMBERS. THE FIRM HAS NO DIRECT DEALINGS WITH THE UNION, EMPLOYERS OR A TRUST.</p></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text" value="UNKNOWN"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"><p>2 MEALS, 1 ROUND OF GOLF</p></div> <p>12.b. Amount. <input style="width: 100px;" type="text" value="\$302"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100px;" type="text"/></p>

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2005 to December 31, 2005. Accurate records of reportable occurrences were not kept from January 1, 2005 to August 15, 2005, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2005 to December 31, 2005, I will immediately file an amended LM-30 Report.


Signature


Date